Community Dental Service Operational Policy

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<th>Date</th>
<th>Version Number</th>
<th>Planned Review Date</th>
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<td>PtHB / DEN 005</td>
<td>May 2014</td>
<td>Initial Issue</td>
<td>May 2017</td>
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Document Owner | Approved by | Date
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Medical Director | Clinical Effectiveness Committee | 13/05/2014

PtHB acknowledge that this document is past the review date. The document requires minor amendments therefore an extension has been applied to this issue in the interim following discussion with the Document Owner.
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VALIDATION FORM

To be completed by the Author – no policy, procedure or guidance will be accepted without completion of this section which must remain part of the policy

Title: Community Dental Service Operational Policy
Author: Warren Tolley, Clinical Dental Director
Directorate: Medical
Reviewed/Updated by: n/a

EVIDENCE BASE

Are there national guidelines, policies, legislation or standards relating to this subject area?
If yes, please include below:

• 2008 Salaried Dentists Contract
• WHTM01-05
• NICE recall guidance

DOING WELL, DOING BETTER - STANDARDS FOR HEALTH SERVICES IN WALES

Please state which Health Services Standards this policy will support / link to:

Heath Care Standards 1,2,3,4,6,7,8,9,10,11,13,20 and 22

CONSULTATION

Please list the groups, specialists or individuals involved in the development & consultation process:

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
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<tbody>
<tr>
<td>Clinical Effectiveness Committee</td>
<td>05/2014</td>
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</table>

Implications

Please state any training implications as a result of implementing the policy / procedure.
• None

Please state any resource implications associated with the implementation.
• None

Please state any other implications which may arise from the implementation of this policy/procedure.
• N/A
**Equality Assessment Statement**
Please complete the following table to state whether the following groups will be adversely, positively, differentially affected by the policy or that the policy will have no affect at all.

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**Risk Assessment**
Are there any new or additional risks arising from the implementation of this policy?
- None

Do you believe that they are adequately controlled?
- n/a

Are there any Information Governance issues or risks arising from the implementation of this policy?
- No
Community Dental Service Operational Policy

Relevant to:

All PtHB Community Dental Service staff.

Purpose

To establish an operational policy for the Community Dental Service

Definitions

- PtHB/tHB – Powys teaching Health Board
- CDS – Community Dental Service
- GDS – General Dental Service
- DNA – Did Not Attend
- DwES – Dentist with enhanced skills

Responsibilities

All CDS staff.

1. Clinics

- Clinics will start at 0915hrs and finish at 1615hrs
- Set up/Decontamination time will be:
  - 0845hrs - 0915hrs
  - 1615hrs – 1700hrs
- Dental Officer Administration Time will be:
  - 1615hrs – 1700hrs
- Nurses will get all record cards ready in advance of the next dental clinic.
- Travel and mileage will be given as per contract of employment

2. Annual Leave

The CDS has a responsibility to maintain an adequate service. Annual leave requests will be submitted with details of cover arrangements. The Clinical Dental Director will approve Dental Officers and Dental Therapists. The area Senior Dental Nurse will approve Dental Nurses.
3. Emergency Slots

Patients who require emergency appointments will be triaged appropriately and be seen on a sit and wait basis. This should be fully explained to the patient at the outset.

4. Patient Base

Patients who reach the age of 18 and are not classed as vulnerable will be discharged to the GDS.

Referrals will be accepted from local GDPs and GMPs who fulfill the referral acceptance criteria (appendix).

5. Domiciliary

Patients will be encouraged to attend the surgery where possible. Only simple treatment will be carried out in the home setting including residential and care homes.

The Dental Officer should follow the guidance issue by the all Wales Special Interest Group:


6. Patients who fail to attend

After the first failed appointment, the patients should be sent the standard DNA letter informing the patient to contact the surgery to re-appoint. The CDS cannot refuse treatment for such patients and is in a difficult situation when dealing with children; however appointments should not be sent out without confirming the appointment verbally.

7. Recalls

Patients will be recalled according to NICE Guidelines. Unless there is an urgent reason, patients who fail a recall appointment will not be contacted and the notes will be recorded as failed to attend, await contact. Dental Nurses will be responsible for the administration but may seek guidance if required
8. Data Collection

Data will be collected as required by the clinical dental director. Data will be collected for internal use and as requested by Welsh Government. Dental Officers will only use approved data collection methods. No other data collection/records of activity is to be recorded/collected without strict approval from the clinical dental director.

9. Referrals

Referrals will be recorded in the referral book, urgent referrals will be checked within 2 days to ensure that the referral has been received and additionally faxed. A copy of the referral letter should be sent to the patient. Routine referrals will be checked fortnightly and recorded as received.

9.1 Internal Referrals

Internal referrals should be kept brief and the notes should be sent to the treating colleague who will return notes on completion.

10. Record keeping

The full record card keeping policy is available on the intranet. Record cards will be written at the time of treatment. No record cards are to be filled in at the end of the session unless in exceptional circumstances.

11. Consent

The all Wales consent form should be filled in after a full verbal explanation of treatment has been given. The patient/guardian should be given the opportunity to ask questions and indicate that they have fully understood the proposed treatment or refusal of treatment. Patients who have communication difficulties may require further help. Please refer to PtHB Consent Policy for further information.

12. Dental Therapist Referral Criteria for Dental Officers

- All new and recall patients requiring routine conservation, fissure sealants and scaling and polishing and extractions in primary teeth will be referred to the Dental Therapist for treatment.
- All acclimatisation patients will be referred to the Dental Therapist.
- Where possible a mixed care approach will be provided i.e. the treatment is shared between Dental Officer and Dental Therapist.
• Routine inhalation sedation patients requiring simple cons or primary teeth
extractions will be referred to the Dental Therapist if suitability qualified in
inhalation sedation.

If the Dental Therapist is unable or requires additional help, the patient may be
referred back to the Dental Officer at any stage of the treatment.

If the case load of either the Dental Officer or Dental Therapist is excessive then
care will need to be shared.

13. Case Load

If the clinic is book more than 8 weeks ahead, then routine recalls will be delayed
until the current caseload is completed, this will avoid lengthy waits. New patients
will be placed upon a waiting list unless urgent and seen in due course.

It is recognized that Powys CDS has limited administration support in the form of
a receptionist and so the number of patients seen per session has to be reduced
in order to allow the dental nurse to book patient etc. That said the below will be
indicative appointment times for an experienced Dental Officer/Therapist:

• Routine Child Recall Examination: 10 minutes
• Average conservation appointment: 30 minutes
• Acclimatisation appointments: 10 minutes
• OHE appointments: 15 minutes
• More complex treatments to be determined by the Dental Officer

14. Materials

It is important to balance quality and cost appropriately, with this in mind the
clinical dental director will determine the approved material stock list. It should be
noted that this will mean that Dental Officers/Dental Therapists will be using
makes of materials that they may not be familiar with but would be expected as a
qualified dentist/Therapist to be fully able to use in the appropriate clinical
situation.

It will be the individual clinicians responsibility to ensure that they are familiar with
the material prior to patient use.

• Stock will be ordered on a need to use basis and no clinics will “stock pile”
materials.
• Rarely used materials will be shared between clinics
• All staff will practice to ensure minimum wastage
• Dental Officers requesting new materials will submit form M1 (appendix 2)
to the clinical director for approval/refusal.
15. **Cross Infection**

As per CDS policy available on the intranet. The CDS in summary will follow BDA good practice and current version of WHTM 01-05 and subsequent updates.

16. **Staff Induction**

As per Powys policy all new and temporary staff will undergo appropriate induction. This will normally be carried out by the area senior dental nurse.

17. **Audit**

All staff will take part in audit as requested by the clinical dental director. Appropriate administration time will be given.

18. **Efficiency**

The community dental service is funded by public money and must be seen to be an efficient quality service. Clinics must run efficiently, without dental receptionists Dental Officers must allow sufficient time for dental nurses to carry out their admin duties. Examples of improving efficiency are:

- When finishing off a restoration in a child allow the dental nurse to book any further appointments.
- When carrying out acclimatization appointments, be flexible in your approach and provide treatment if possible.
- Keep trial inhalation sedation visits to a minimum and if the patient is co-operative, carry out the treatment.
- Encourage the nurse to talk to parents/answer questions
- Delegate appropriate tasks to nurses/support staff

19. **Complaints and Concerns**

Complaints, claims and concerns will be dealt with according to the Welsh Government’s Putting Things Right arrangements. Further guidance may be found on the following page of the tHB intranet site:

http://howis.wales.nhs.uk/sitesplus/867/page/45576
20. **Chaperone**

All dentists will work with a qualified or trainee dental nurse at all times. In times of staff shortage and patients who present with an acute dental emergency it may be necessary to put the patient’s interest first and work without a nurse, but in these circumstances the dentist should attempt to find a chaperone such as parent, family friend or a Powys member of staff.

When there is not a nurse available, it will be normal practice to cancel the clinics and emergency patients should be encouraged to wait or attend the nearest available dental clinic.

21. **School Screening**

The all Wales school screening policy will be adopted including All Wales consent forms.

22. **Epidemiology**

Epidemiology is an important role of the CDS. Nurses and Dental Officers will be required to take part in survey work. The clinical dental director will choose the Dental Officer to take part in the programme and the area senior dental nurse will advise the clinical dental director on the most suitable dental nurse. Where possible staff will be encouraged to volunteer to take part.

23. **Designed to Smile**

The designed to smile programme is an integral part of the CDS, staff will be flexible and as requested by the area senior dental nurse or clinical dental director will be expected to provide clinic support or conversely work on the designed to smile programme during staff shortage.
Appendix 1

Referral Acceptance Criteria

- All Vulnerable groups
- Uncooperative children and adults
- Patients requiring more complex treatment at DwES level
- Emergency dental patients who are unable to access GDS will be provided emergency treatment to relieve pain

The acceptance criteria may change from time to time dependant upon access and WG directives
## Appendix 2

### M1 Form

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<td>Name of Requesting Dentist/DCP</td>
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